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maintenance fee notification CURRENT CORRESPONDEN	Note: A certificate of Fee(s) Transmittal, Th	mailing c is certifica	an only he used for the cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must			
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ROSETTA-GEN c/o POLSINELLI 700 W. 47TH STI		Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated befow. (Depositor's name)					
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7-11112212							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO		CONFIRMATION NO.
10/709,691	05/24/2004		Itzhak Bentwich		050992.0400.01USCP 3690		3690
TITLE OF INVENTION ASSOCIATED OLIGONU			E GROUP OF NOV	EL REGULATORY	BACTE	RIAL AND BAI	CTERIAL .
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	5755	\$300	\$0		\$1055	12/13/2010
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
MCGARRY,	SEAN	1635	536-024500				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Ron Galant, Ph.D.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN ROSETTA-GENO Please check the appropriate	s an assignce is identi 137 CFR 3.11. Comp EE MICS	fied below, no assignee detion of this form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (CI REHOVOT,	2 patent. If an assign an assignment. TY and STATE OR C ISRAEL	OUNTRY)	ocument has been filed for
			D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 1662 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims S	MALL ENTITY statu	s. Sec 37 CFR 1.27.	☐ b. Applicant is no l				
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Authorized Signature /Ron Galant, Ph.D./			October 1, 2010				
Typed or printed name Ron Galant, Ph.D.							
an appication, Completed ap submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	by 1s governed by 35 splication form to the for reducing this burding 22313-1450. DO 1450.	FR 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Corsons are required to res	depending upon the independing upon the independing upon the independent of the complete of th	estimated to take 12 m dividual case. Any cor- icer, U.S. Patent and 1 TO THIS ADDRESS.	numents to c numents on frademark SEND TO	the amount of tin Office, U.S. Depa b: Commissioner fo	g gathering, preparing, and he you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,